



ARIZONA DEPARTMENT OF HOMELAND SECURITY

Discrimination Complaint Form

Effective Date
12/1/2020

An employee or client, customer, program participant, or subrecipient of the Arizona Department of Homeland Security (AZDOHS) may submit a complaint of discrimination to the AZDOHS. The complaint must be in writing (AZDOHS Discrimination Complaint Form), **occur within 180 days after alleged discrimination** and sent to the Nondiscrimination Program Coordinator via one of the follow ways:

- Email: hs@azdohs.gov
- Fax: 602-542-1729
- US Mail:

Nondiscrimination Program Coordinator
Arizona Department of Homeland Security
1700 W. Washington, Suite 210
Phoenix, AZ 85007

Your Information	
Name:	
Email:	
Phone:	
Address:	
Address 2:	
City/Town:	
State:	
Zip Code:	
Alternate Contact Info:	
Alternate Contact Phone:	
Party or Company You are Complaining Against	
Party/Company Name:	
Address:	
Address 2:	
City/Town	
State:	
Zip Code:	
Complaint Information	
Please select the option that best describes the discrimination category.	Choose an item.
Have you filed this complaint with any other federal, state or local agency or with any federal or state court?	Choose an item.



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If you have filed this complaint with another entity, please check all that apply.	<input type="checkbox"/> Federal agency <input type="checkbox"/> Federal Court <input type="checkbox"/> State Agency <input type="checkbox"/> State Court <input type="checkbox"/> Local Agency
Please provide contact information for the agency or court where the complaint was filed	Name: Address: City/State/Zip: Phone:
Please provide a short summary of your discrimination complaint below. Explain what happened and who you believe was responsible.	
Date of last alleged act of discrimination:	
Is the alleged discrimination ongoing?	Choose an item.
By submitting this form, I declare, under penalty of perjury under the laws of the state of Arizona that the information in this form is true and accurate.	
Signature:	
Date:	